

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 11625
Application ID: 09681822
Title of Invention: Vehicle Headliner and Laminate
Therefor
First Named Inventor: Michael Sandoe
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-06-11
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 71264-6
Digital Certificate Holder: cn=Joel Evan Bair, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: y0DHNvhEsUcktgPpdYo4rA==
Total Fees Authorized: \$1582.0
Payment Category: DA - Deposit Account
Deposit Account Number: 180013
Deposit Account Name: Joel E. Bair



09681822.061101

TRANSMITTAL FORM

1c474 U.S. PTO
09/681822
06/11/01

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 71264-6

Vehicle Headliner and Laminate Therefor

First Named Inventor: Mr. Michael D. Sandoe

SUBMITTED BY

Name:

Mr. Joel E. Bair Esq.

Registration Number:

33356

Electronic Signature Mark: Joel E.
Bair

Date Signed: 20010611

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

specification

Spec2.xml

declaration

dec1.tif

declaration

dec2.tif

declaration

dec3.tif

bibd-transmittal

filingapds.xml

fee-transmittal

filingfee.xml

Attached Image File(s):

dec1.tif

dec2.tif

dec3.tif

09681822.061101
TOT190.22818960

Comments:

09681822-061101

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PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032

Patent and Trademark Office: US DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No. 71264-6	
		First Named Inventor Michael D. Sandoe	
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration submitted with or initial filing		<input type="checkbox"/> Declaration submitted after initial filing	
		Application No.	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VEHICLE HEADLINER AND LAMINATE THEREFOR
(Title of the Invention)

the specification of which

☒ is attached hereto

or

☐ was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(c) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/073,077	01/30/98	

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DECLARATION - Utility Or Design Patent Application																																																											
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.																																																											
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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 20915																																																											
Or <input type="checkbox"/> Registered practitioner(s) name/registration number listed below																																																											
<table border="1"> <thead> <tr> <th>Name</th> <th>Registration No.</th> <th>Name</th> <th>Registration No.</th> </tr> </thead> <tbody> <tr><td>John E. McGarry</td><td>22,360</td><td>Joel E. Bair</td><td>33,356</td></tr> <tr><td>H. Lawrence Smith</td><td>24,900</td><td>Richard D. Grauer</td><td>22,388</td></tr> <tr><td>Ralph T. Rader</td><td>28,772</td><td>Michael D. Fishman</td><td>31,551</td></tr> <tr><td>Joseph V. Coppola, Sr.</td><td>33,373</td><td>Mark A. Davis</td><td>37,118</td></tr> <tr><td>Michael B. Stewart</td><td>26,018</td><td>Kristin L. Murphy</td><td>41,212</td></tr> <tr><td>Alexander D. Rabinovich</td><td>37,425</td><td>G. Thomas Williams</td><td>42,228</td></tr> <tr><td>Kevin D. Rutherford</td><td>40,412</td><td>William Cosnowski</td><td>42,441</td></tr> <tr><td>Glenn E. Forbis</td><td>40,610</td><td>Donald J. Wallace</td><td>43,977</td></tr> <tr><td>Ronald P. Kananen</td><td>24,104</td><td>John P. Gaerther</td><td>39,698</td></tr> <tr><td>Matthew J. Russo</td><td>41,282</td><td></td><td></td></tr> <tr><td>Anna M. Shih</td><td>36,372</td><td></td><td></td></tr> <tr><td>James F. Kamp</td><td>41,882</td><td></td><td></td></tr> <tr><td>David K. Benson</td><td>42,314</td><td></td><td></td></tr> </tbody> </table>				Name	Registration No.	Name	Registration No.	John E. McGarry	22,360	Joel E. Bair	33,356	H. Lawrence Smith	24,900	Richard D. Grauer	22,388	Ralph T. Rader	28,772	Michael D. Fishman	31,551	Joseph V. Coppola, Sr.	33,373	Mark A. Davis	37,118	Michael B. Stewart	26,018	Kristin L. Murphy	41,212	Alexander D. Rabinovich	37,425	G. Thomas Williams	42,228	Kevin D. Rutherford	40,412	William Cosnowski	42,441	Glenn E. Forbis	40,610	Donald J. Wallace	43,977	Ronald P. Kananen	24,104	John P. Gaerther	39,698	Matthew J. Russo	41,282			Anna M. Shih	36,372			James F. Kamp	41,882			David K. Benson	42,314		
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<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.																																																											
Direct all correspondence to <input checked="" type="checkbox"/> Customer Number 20915 or <input type="checkbox"/> Correspondence Address below																																																											
Name Mark A. Davis, Reg. No. 37,118, RADER, FISHMAN, GRAUER & MCGARRY																																																											
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Address 171 Monroe Avenue, NW, Suite 600																																																											
City, State, Zip Grand Rapids, Michigan 49503																																																											
Country	US	Telephone	616-742-3500																																																								
		Fax	616-742-1010																																																								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																																																											
Name of Sole or First Inventor <input type="checkbox"/> A petition has been filed for this unsigned inventor.																																																											
Given Name (first and middle (if any))		Family Name or Surname																																																									
Michael D.		Sandoo																																																									
Inventor's Signature	Dated		June 8, 2001																																																								
Residence: City	Grand Rapids	State	MI																																																								
		Country	US																																																								
Post Office Address	4653 Bluegrass Drive, S.E.																																																										
City	Grand Rapids	State	MI																																																								
		Zip	49546																																																								
		Country	US																																																								
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.																																																											

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Patent and Trademark Office; US DEPARTMENT OF COMMERCE

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Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael G.		Zimmer	
Inventor's Signature		Dated 6-08-01	
Residence: City		State	Country
Belmont		MI	US
Post Office Address		Citizenship	
1514 Scott Creek Drive, N.E.		US	
City		State	Zip
Belmont		MI	49306
Country		US	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Dated	
Residence: City		State	Country
Post Office Address		Citizenship	
City		State	Zip
Country			
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Inventor's Signature		Dated	
Residence: City		State	Country
Post Office Address		Citizenship	
City		State	Zip
Country			

Page 3 of 3

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1582

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 180013



Deposit Account Name: Rader, Fishman and Grauer PLLC

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Joel E. Bair
Electronic Signature Mark: Joel E. Bair
Date Signed: 20010611

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 64	103	\$ 18	44	\$ 792
Independent Claims: 4	102	\$ 80	1	\$ 80

Subtotal For Extra Claims Fees: \$ 872

09661322-064101